EMARTE Under the Page		U.	Patent and Tr	rademark Office: l	through 07/31/2006. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE	
Under the Page	enwork Reduction Act of 1995, no	oersons are required to respond to a Application Number	l l	ormation unless it 35,829	displays a valid OMB control number.	
ТВ	ANSMITTAL	Filing Date				
'\	FORM	First Named Inventor		08/05/03 Brent Christner		
	PORIVI	Art Unit	1725			
		Examiner Name			eon	
(to be used for a	(to be used for all correspondence after initial filing)					
Total Number of Pages in This Submission Attorney Docket Number 154494-0034						
		ENCLOSURES (Check	all that apply			
Fee Transr	mittal Form	Drawing(s)			Allowance Communication to TC	
Fee	e Attached	Licensing-related Papers		of App	al Communication to Board peals and Interferences	
Amendmer	nt/Reply	Petition			al Communication to TC al Notice, Brief, Reply Brief)	
	er Final	Petition to Convert to a Provisional Application	II I December		etary Information	
		Power of Attorney, Revoca	Power of Attorney, Revocation		Letter	
	davits/declaration(s)	Terminal Disclaimer	Other Enclosure(Enclosure(s) (please Identify	
Extension (below)) :		
Express Abandonment Request Request for R						
Information	Disclosure Statement	CD, Number of CD(s)				
	Landscape Table on CD					
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	issing Parts/					
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	der 37 CFR 1.52 or 1.53					
	SIGNATU	RE OF APPLICANT, ATT	ORNEY, O	R AGENT		
Firm Name	Irell & Manella LLP					
Signature	/Norman E. Brunell Reg. #26533/					
Printed name Norman E. Brunell						
Date 03/17/05		Reg. No.	eg. No. 26,533			
CERTIFICATE OF TRANSMISSION/MAILING						
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Signature ////////////////////////////////////						
Typod or printed name Laura Custer				Date	03/17/05	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TRIDENT FOR

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMIT For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(\$)	690.	w

Complete if Known					
Application Number	10/635,829				
Filing Date	08/05/03				
First Named Inventor	Brent Christner	_			
Examiner Name	Lynne Edmondson				
Art Unit	1725				
Attorney Docket No.	154494-0034	_			

	METHOD OF PAYMENT (check all that apply)								
The color of the	Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0946 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Filing FEES Small Entity Fee (\$) Fee (
Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)		FILING	FEES	SEARCH S					
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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)	<u>Indep. Claims</u> 3 or HP =	Extra Claim	<u>Fee (\$)</u> _ x	<u>Fee Paid</u>	d (\$)				
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4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: 3 mo. ext., 37 CFR 1.17(a)(3), \$510 and IDS, CFR 1.17(p), \$180. \$690.00	Other: 3 mo. ext	<u>., 37 CFR</u>	1.17(a)(3),	\$510 and	IDS, CFF	R 1.17(p),	\$180.	_\$6	90.00

SUBMITTED BY			
Signature	/Norman E. Brunell Reg. #26533/	Registration No. (Attorney/Agent) 26,533	Telephone (310) 277-1010
Name (Print/Type)	Norman E. Brunell		Date 03/17/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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